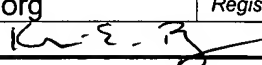


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<h1 style="margin: 0;">UTILITY PATENT APPLICATION TRANSMITTAL</h1> <p style="margin: 5px 0 0 0;">(Only for new nonprovisional applications under 37 CFR 1.53(b))</p>		Attorney Docket No. 13590US02 First Inventor Issa Title COMPACT AND HIGHLY EFFICIENT DRAM CELL Express Mail Label No. EL 848970730 US	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages <u>13</u>] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <u>6</u>] 5. Oath or Declaration [Total Sheets <u>4</u>] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b) (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <u>10/128,328</u> Prior application information: Examiner: <u>H. Hoang</u> Art Unit: <u>2818</u> For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number: 23446 OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	
Name (Print/type)	Kevin E. Borg		Registration No. (Attorney/Agent)
Signature			Date
			September 9, 2003

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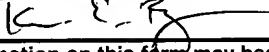
PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<h2 style="text-align: center;">FEE TRANSMITTAL for FY 2003</h2> <p style="text-align: center;">Patent Fees are subject to annual revision.</p>		Complete if Known		
		Application Number	unassigned	
		Filing Date	herewith	
		First Named Inventor	Issa	
		Examiner Name	unassigned	
TOTAL AMOUNT OF PAYMENT (\$)		768.00	Attorney Docket No.	13590US02

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																																																																																																					
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 13-0017</p> <p>Deposit Account Name: McAndrews Held & Malloy</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>3. 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1002	330	2002 165	Design filing Fee																																																																																																																																																																																																																																																				
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<p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Small Entity Fee Code</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202 9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>84</td><td>2201 42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>280</td><td>2203 140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>84</td><td>2204 42</td><td>**Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205 9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="3">SUBTOTAL (2)</td><td>18.00</td></tr> </tbody> </table>		Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid	1202	18	2202 9	Claims in excess of 20		1201	84	2201 42	Independent claims in excess of 3		1203	280	2203 140	Multiple dependent claim, if not paid		1204	84	2204 42	**Reissue independent claims over original patent		1205	18	2205 9	**Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)			18.00	<p>SubTOTAL (3) (\$0.00)</p>																																																																																																																																																																																																																				
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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Kevin E. Borg	Registration No. (Attorney or Agent)	51,486	Telephone	312 775 8000
Signature		Date	September 9, 2003		

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